

ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Kosciusko Community HospitalCity: Warsaw County: Kosciusko Year: **2003**

Provider Type: General Acute

| I. Inpatient Care | | | | |
|-------------------------------------|------------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Hospital Service Description | Number of Set Up Beds | Number of Discharges | Number of Patient Days | Average Charge Per Discharge |
| Burn Care | 0 | 0 | 0 | \$0 |
| Cardiac Intensive | 0 | 0 | 0 | \$0 |
| ICU Med/Surg | 8 | 452 | 1,459 | \$875 |
| ICU Neonatal | 0 | 0 | 0 | \$0 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |
| Medical/Surgical | 50 | 2,009 | 7,769 | \$704 |
| Neonatal Intermed | 0 | 0 | 0 | \$0 |
| Obstetrics | 14 | 854 | 1,782 | \$765 |
| Pediatric | 0 | 0 | 0 | \$0 |

| | | | | |
|-----------------|----|-------|--------|-------|
| Psychiatric | 0 | 0 | 0 | \$0 |
| Rehabilitation | 0 | 0 | 0 | \$0 |
| Substance Abuse | 0 | 0 | 0 | \$0 |
| Swing Beds | NA | 0 | 0 | \$0 |
| Other Services | 0 | 0 | 0 | NA |
| Acute Subtotal | 72 | 3,315 | 11,010 | NA |
| Normal Newborn | 10 | 824 | 1,507 | \$322 |

| II. Outpatient Visits | | | |
|--|--------|---------------------|--------|
| Circulatory System | 3,388 | Digestive System | 2,897 |
| Endocrine System | 2,774 | Injuries and Poison | 6,447 |
| Mental Disorder | 1,276 | Musculoskeletal | 6,495 |
| Neoplasms | 4,287 | Nervous | 1,849 |
| Respiratory | 29,466 | Urinary | 3,952 |
| Other/Unknown | 19,223 | Total Visits | 82,054 |
| | | | |
| Number of Visits to Emergency Department | | | 18,580 |
| Percent of Emergency Department Visits of Total Visits | | | 22.6% |

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

| | | |
|---------------------------------|-----------------------------|----------------------------|
| N - Acute Renal Dialysis | N - Alcohol/Drug Service | Y - Anesthesia Services |
| Y - Blood Bank | N - Burn Care Unit | N - Chiropractic Service |
| Y - Coronary Care Unit | N - Dental Services | Y - Dietetic Services |
| Y - Emergency Service | N - Home Care Program | N - Hospice |
| Y - Inpatient Surgical Services | Y - Intensive Care Unit | Y - Laboratory(Clinical) |
| Y - Laboratory(Anatomical) | N - Long Term Care Unit | Y - Neonatal Nursery |
| Y - Nuclear Medicine Services | Y - Obstetrics Services | |
| Y - Occupational Therapy | N - Open Heart Surgery | Y - Operating Room |
| N - Optometric Service | N - Organ Bank | N - Organ Transplant |
| Y - Outpatient Service | Y - Outpatient Surgery Unit | Y - Pediatric Services |
| Y - Pharmacy | Y - Physical Therapy | Y - Postoperative Recovery |
| N - Psychiatric Services | Y - Radiology(Diagnostic) | Y - Radiology(Therapeutic) |
| N - Rehabilitation Services | Y - Respiratory Services | N - Self Care Unit |
| N - Shock Trauma | Y - Social Services | Y - Speech Pathology |

| | | | | | |
|------|----------------|-------|----------------------|------|--------------|
| NA = | Not applicable | NMF = | No meaningful figure | NR = | Not reported |
|------|----------------|-------|----------------------|------|--------------|

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